

# Form I-9 Employment Eligibility Verification

## SECTION 1

### Important to read this section

OMB No. 1615-0047; Expires 06/30/08  
**Form I-9, Employment Eligibility Verification**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

|   |                        |                             |   |
|---|------------------------|-----------------------------|---|
| Print Name: Last<br><b>Bear</b>                                   | First<br><b>Smokey</b> | Middle Initial<br><b>T.</b> | Maiden Name   |
| Address (Street Name and Number)<br><b>118 W Smokey Bear Blvd</b> |                        | Apt. #                      | Date of Birth (month/day/year)<br><b>08/09/1944</b> |
| City<br><b>Capitan</b>  | State<br><b>NM</b>     | Zip Code<br><b>88316</b>    | Social Security #<br><b>000-00-0000</b>             |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen or national of the United States  
☐ A lawful permanent resident (Alien #) A \_\_\_\_\_  
☐ An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

Employee's Signature  
**Smokey T. Bear**

Date (month/day/year)  
**01/16/2008**

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|   |            |
|---|------------|
| Preparer's/Translator's Signature                       | Print Name |
| Address (Street Name and Number, City, State, Zip Code) |            |
| Date (month/day/year)                                   |            |

## SECTION 2 Remember the Anti-discrimination Notice at the top of Section 1. Employees may provide original documents from the "List of Acceptable Documents" provided with this form.

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A                                      | OR | List B                     | AND | List C                        |
|---|----|----------------------------|-----|-------------------------------|
| Document title: <b>US Passport</b>          |    | <b>Driver's License</b>    |     | <b>Social Security Card</b>   |
| Issuing authority: <b>US Dept. of State</b> |    | <b>State of New Mexico</b> |     | <b>Social Security Admin.</b> |
| Document #: <b>321586588</b>                |    | <b>AB99888801</b>          |     | <b>000-00-0000</b>            |
| Expiration Date (if any): <b>12/06/2010</b> |    | <b>08/09/2010</b>          |     | <b>N/A</b>                    |
| Document #:                                 |    |                            |     |                               |
| Expiration Date (if any):                   |    |                            |     |                               |

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **01/17/2008**, and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |                               |  |
|---|-------------------------------|--|
| Signature of Employer or Authorized Representative<br><b>Ray Bell</b>   | Print Name<br><b>Ray Bell</b> | Title<br><b>Ranger</b>                     |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)<br><b>USDA Forest Service, 1400 Independence SW, Washington, DC 20005</b> |                               | Date (month/day/year)<br><b>01/17/2008</b> |

**Very important—the certification date and the signature of employer date must be within 3 days of the employee's signature!**

## Section 3

**Section 3. Updating and Reverification.** To be completed and signed by employer.

|  |             |  |
|--|-------------|--|
| A. New Name (if applicable)  |             | B. Date of Return (month/day/year) (if applicable) |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.   |             |  |
| Document Title:  | Document #: | Expiration Date (if any):                          |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. |             |  |
| Signature of Employer or Authorized Representative   |             | Date (month/day/year)                              |

**NOTE: You may also fill out a new form in lieu of filling out this section.**

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## Examples of Supporting Documents from “List of Accepted Documents”

List A

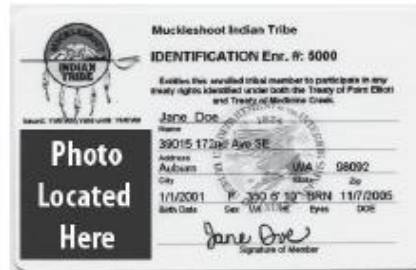


Front



Inside

List B



front



back

List C

